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ABSTRACT

The "Guidelines for Effective Practice" series was begun in 1991 to meet the need for better definition and articulation of what constitutes best practice in family support programs. This guide, the first issue of the series, focuses on the importance and necessity of linkages between family support and early childhood programs. Chapter 1 presents a brief review of family support principles and examines the continuum of early childhood program types, with examples from Head Start and public school preschool programs, and from the private marketplace of child care centers and family child care homes. Each type is presented in terms of its mission, organization, funding, and fit with the principles of family support. Chapter 2 examines research on early childhood programs' efforts to serve and involve parents, including demonstrations that combine direct services for parents and children, such as the early intervention programs of the 1970s and more contemporary two-generation programs. Chapter 3 considers what is required to create early childhood programs that truly support both parents and children either by offering an array of services to adults and children, or by serving children in ways that are culturally responsive and family-friendly. Contains 79 references. (AP)

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Linking Family Support and Early Childhood Programs: Issues, Experiences, Opportunities

BY MARY LARNER, PH.D.

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FAMILY RESOURCE COALITION
BEST PRACTICES PAPER

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Guidelines for Effective Practice

A series commissioned by the Family Resource Coalition Best Practices Project

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About the Best Practices Project

Linking Family Support and Early Childhood Programs: Issues, Experiences, Opportunities is the first monograph in the "Guidelines for Effective Practice" series commissioned by the Best Practices Project of the Family Resource Coalition. The Project began in 1991 with a vision of meeting the need for better definition and articulation of what constitutes best practice in family support programs. In the course of working to realize that vision, the Project identified four critical areas in which additional research and documentation were needed, and turned to experts in fields connected to family support to review and analyze the literature in the following areas: *Linking Family Support and Early Childhood Programs: Issues, Experiences, Opportunities* (Mary Larner); *Best Practices in Community-based Family Support Programs: Key Characteristics and Features* (Carl Dunst); *Community-based Family Support Centers: Working with Abusive and At-Risk Families* (Joyce Thomas); and *Cultural Democracy in Family Support Practice* (Makungu Akinyela).

A team of experienced and insightful thinkers and workers in the field of family support serves as Steering Committee to the Best Practices Project: Hedy Nai-Lin Chang, Maria Chavez, Moncrieff Cochran, Carl Dunst, Emily Fenichel, Jeanne Jehl, Sharon Lynn Kagan, Karen Kelley-Ariwoola, Ricardo LaForé, Delores Norton, Maria Elena Orrego, Linda Passmark, Sharon Peregoy, Karen Pittman, Douglas Powell, Maisha Sullivan, Sheila Sussman, and Bernice Weissbourd.

To say that "Guidelines for Effective Practice" is a collaboration is an understatement; neither it nor the Best Practices Project as a whole would be possible without the combined efforts of many.

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Preface

I owe a debt of thanks to the Family Resource Coalition, the Best Practices Steering Committee, and Douglas Powell for giving me the opportunity to explore the issues addressed in *Linking Family Support and Early Childhood Programs: Issues, Experiences, Opportunities*. The challenges of creating a positive, supportive fit between parents and child care programs have preoccupied me since I started my career caring for three-year-olds in a diverse Chicago child care center—with a fresh master's degree and not a clue as to how I should relate to the tall people who entrusted their children to me five days a week. If this book helps at all to make child care teachers better prepared for work with families than I was, I will be very satisfied.

The book itself benefited greatly from Douglas Powell's continuing guidance, from input by the Best Practices Steering Committee, and from detailed comments and suggestions offered by Moncrieff Cochran, Nancy Cohen, Doug Powell, and Bernice Weissbourd. Responsibility for any errors that remain is my own. The National Center for Children in Poverty served as my supportive institutional home during the time I worked on *Linking Family Support and Early Childhood Programs*, for which I am most grateful. I am also indebted to the many researchers and thinkers whose ideas I borrowed and reviewed—readers are encouraged to seek out the source documents, as they offer a richness that this monograph can only suggest.

MARY LARNER

Publisher's Acknowledgements

This book owes its successful completion to the input of a number of great minds and hard workers in the family support movement.

The process of peer review was critical in assuring that this monograph work to accomplish the goals of the Best Practices Project. Douglas Powell, Professor and Head of the Department of Child Development and Family Studies at Purdue University, brought his years of high-caliber research and tremendous dedication and energy to this process. FRC Board of Directors President Bernice Weissbourd contributed the insights born of a long history of advocating for children and families.

Best Practices Project Coordinator Lourdes Sullivan kept an eye on the big picture while providing guidance at every stage. The Project Steering Committee identified the need for this very important work and found a way to meet that need.

Jacqueline Lalley contributed skillful editing and coordinated the many details involved in turning a manuscript into a book. Shamara Riley provided essential help in preparing the edited manuscript. Tina Krumdick of KTK Design conceived an accessible, attractive design for the series. Expert, agile graphic production of this monograph was performed by Lynn Pearson of Graphic Art Services.

Funding for *Linking Family Support and Early Childhood Programs: Issues, Experiences, Opportunities* was provided by the Carnegie Corporation of New York. The Family Resource Coalition is grateful for their support of this project and for their continued interest in programs that strengthen families.

Introduction

The time is right to examine and experiment with linkages between family support and early childhood programs. The once-novel notion that children develop within families, which themselves develop within communities, is now widely accepted, and expectations of programs for children and their parents are changing rapidly. Interest is as high now as it was 25 years ago in preventive strategies that invest resources to support children's development before school entry—through Head Start, prekindergarten, and high-quality child care programs. Now, however, the focus on children is joined by a growing emphasis on *family*—on approaches that address family needs and build family strengths. For instance, the early childhood innovations of the late 1960s attempted to improve the school success of poor children by providing compensatory educational experiences to preschoolers. By contrast, in the 1990s, demonstration programs see poor children in the context of poor families and strive to deliver services that are comprehensive and family-focused. When the nation's governors embraced school readiness as an educational goal, they stressed the critical roles parents play as children's first and most important teachers, and many states and localities created programs that link parent education and family support to preschool services (National Association of State Boards of Education, 1991; Stief, 1993).

On the family support side, more than 15 years of private, local, and state investments in programs that put families first have paved the way for federal funding for family support services. Now the principles and practices of family support programs are beginning to influence other service system, as well, changing ideas about the form that programs for children and families should take. For example, many leaders concerned with welfare reform now hope to help families break the intergenerational grip of poverty through "two-generation" programs that support the development of both parents and children (Smith, Blank, & Collins, 1992). Two-generation programs begin with components to encourage adults' self-sufficiency—such as basic education, job training, and assistance gaining employment—but build upon these with parent education, child care, and child development interventions.

The complexity of families' lives is also drawing family support and early childhood programs closer together. We cannot design programs for children without considering parents' needs. Increasingly, parents of all income levels hold jobs or attend educational programs with rigid, full-day schedules. Children whose parents are employed full-time cannot take advantage of part-day educational programs like Head Start, unless the preschool experience is combined with full-day child care services (U.S. Department of Health and Human Services, 1993). Many programs also seek to involve parents in children's activities, but fewer and fewer parents are free to participate during the day, and evening activities must compete with the dinner dishes, baths, and laundry. Now more than ever, we must take advantage of the daily contact between parents and staff of early childhood programs (Powell, 1989).

To capitalize on the family support potential of child care, Bernice Weissbourd envisions family-centered child care programs that "utilize the high-quality program they provide for children to act as a hub around which programs for parents and families may revolve and through which relationships among parents and between parents and staff members are established and maintained" (Weissbourd, 1992, p. 390). Such programs would involve close collaboration between parents and staff, a range of activities designed for parents, and an organized network of referrals to community resources.

Is that vision achievable? What will it take for the early childhood field to move beyond its traditional boundaries, to create new services for families and new partnerships with parents? Early childhood leaders who embrace the vision of family-centered child care have much to learn

from the family support field, but effective lines of communication between the two fields have yet to be established. Family support and early childhood leaders and practitioners cannot work well together without a better understanding of how each field's history, mission, funding patterns, and institutional structures shape its approaches to working with children and families. Written for the family support field, this monograph provides basic information about the design and orientation of early childhood programs and examines strategies for applying the principles of family support to early childhood programs—including educational programs such as Head Start and child care for parents who work or attend school.

The book begins with a brief review of family support principles, and then examines the continuum of early childhood program types—the publicly funded Head Start and public school preschool programs, and the private marketplace of child care centers and family child care homes. Each type is presented in terms of its mission, organization, funding, and fit with the principles of family support—in particular, its mix of services and orientation toward partnerships with parents, empowerment, and cultural competence.

Chapter two examines research on early childhood programs' efforts to serve and involve parents. These include demonstrations that combine direct services for parents and children, such as the early intervention programs of the 1970s, as well as more contemporary two-generation programs. Chapter two also considers innovative efforts to involve parents in Head Start and child care programs—examples of what might be called "best practice" in this emerging area. All these efforts yield lessons that pertain to the broad goal of linking family support with early childhood programs. The final chapter considers what is required to create early childhood programs that truly support both parents and children either by offering an array of services to adults and children, or by serving children in ways that are culturally responsive and family-friendly.

The Fit Between Family Support and Early Childhood Programs

As the Family Resource Coalition leads the family support field to identify guidelines for practice, it seeks, in part, to understand how the principles and practices of family support can be applied to other institutions and systems that serve children and families. For instance, the Coalition worked with experts in the public welfare system on strategies to train JOBS caseworkers in several states to use a family-supportive case management model (Kelley-Ariwoola, 1993). Applying family support principles to early childhood programs will be no less demanding, but it may achieve even more rewarding results. Success at that task will require a clear identification of the principles at the core of family support, and a detailed understanding of each specific early childhood institution or system to which they are to be applied.

For the purpose of this book, the guiding principles of family resource and support programs are drawn from *Programs to Strengthen Families* (Goetz, 1992, p. *viii*). The summary phrases are provided only to facilitate later reference to these principles.

1. **Partnership:** The basic relationship between program and family is one of equality and respect; the program's first priority is to establish and maintain this relationship as the vehicle through which growth and change can occur.

2. **Empowerment:** Participants are a vital resource; programs facilitate parents' ability to serve as resources to each other, to participate in program decisions and governance, and to advocate for themselves in the community.

3. **Cultural competence:** Programs are community-based and are culturally and socially relevant to the families they serve; programs are often a bridge between families and other services outside the scope of the program.

4. **Services to build parenting strength:** Parent education, information about human development, and skill building for parents are essential elements of every program.

5. **Voluntarism:** Programs are voluntary, and seeking support and information is viewed as a sign of family strength, not deficits and problems.

While the field of family support is broad and diverse, these principles capture a particular orientation to the content of programs and to the process by which program staff address the families who participate in them. It is principles of this type—rather than concrete program practices—that can most fruitfully be applied to other service systems, such as early childhood programs.

Standard Practice: How Early Childhood Programs Relate to Families

Early childhood programs and family support programs differ significantly in the ways they define their missions, approach families, view professionals, and finance their efforts. A clear understanding of those differences provides the best foundation for assessing both opportunities and challenges facing those who would apply family support principles to early childhood programs.

Family support programs typically concentrate their efforts on entire families, emphasizing the relationships among parents, children, and other family members as much as or more than the goals of each individual. Family support programs attempt to recruit staff members who resemble participating families and will be seen by them as peers. By doing so, the programs seek to create relationships that emphasize equality rather than the authority or expertise held by professionals. Funding for family support programs is often modest and derived from a variety of public and private sources; fees paid by parents may supplement program budgets, but they seldom are the basis for the program's operations (Goetz & Peck, 1994).

In general, early childhood programs concentrate on children, viewing parents as—at best—a secondary audience or constituency. The relationships that programs establish with parents differ widely, depending on how the program is funded and designed. Publicly funded preschool programs and Head Start have relatively more financial flexibility than other programs, and some design services explicitly for parents, treating parents as added participants. In many cases, however, public school funds for early childhood support part-day programs with a strong educational orientation and professional staff, who may embrace the role of expert and authority figure relative to parents. Most full-day child care programs are supported predominantly by parent fees, and so can seldom afford more than basic services for children. Salaries in child care are very low, limiting the ability of programs to recruit professionally trained staff, although many directors would like to do so. The relationships between child care providers and parents are often strongly influenced by the dynamic that occurs between vendor and consumer.

Differences such as these create both opportunities for and barriers to adoption of family support principles, and each type of program offers a unique context in which to establish family-centered practices. To do justice to that uniqueness, early childhood programs are discussed here in four groups: Head Start, public school preschools, child care centers, and family child care homes. The description of each program type first summarizes its structure and funding and the services it offers, and then discusses how the key family support principles of service mix, partnership, empowerment, and cultural competence relate to that type of program's traditional treatment of families.[1]

The family support principles, which are summarized on page three, are italicized when mentioned in the text, to make explicit the links that are being drawn between program practices and specific principles. The table on page five summarizes the information presented in this section in chart form, for ease of reference.

Head Start

Basic facts: The Head Start program is the nation's largest enrichment program for young children from poor families, and is supported by federal funds passed to over 2,000 agencies at the local level. In most cases, the program offers part-day center-based services to four-year-olds whose families are poor. Only 22 percent of Head Start children attend for more than six hours, five days per week; the others attend for shorter days and/or only four days per week. Most Head Start programs close during the summer. In 1992, 63 percent of the children in Head Start were four years old, and another 27 percent were three. Performance standards mandate the activities and services each Head Start program offers to children and parents in five component areas: education, health, nutrition, social services, and parent involvement. Coordinators employed by each local agency plan and oversee the implementation of these components (U.S. Department of Health and Human Services, 1993).

Fit with family support principles: From its inception, Head Start has emphasized including, respecting, and strengthening families, making it one of the nation's strongest examples of how parents can be drawn in to participate in programs serving children (Zigler & Muenchow, 1992). Head Start's *service mix* mandates both parent involvement and social service components that are directly targeted to parents, emphasizing the parental role, not the goals and achievement efforts of the parents as individuals (Washington & Oyemade, 1987). These components devote funding and staff to reaching and interacting with parents. Parents are encouraged to

[1] Since participation in all these early childhood programs is voluntary, this book will not further address the family support principle of voluntarism.

How Different Types of Early Childhood Programs Relate to Families

	Head Start	Public Preschool
Service Mix	Comprehensive part-day services for children; offers education, parent involvement, links to health and social services.	Part-day educational program for children; few broad services; outreach to parents is typically limited.
Partnership	Established through parent involvement component, home visits, volunteering.	Few opportunities for parents to visit or volunteer; parent relationships with credentialed teachers may be unequal.
Empowerment	Parents share decision making on policy council, may be offered jobs in the program.	Decision-making roles for parents are rare; school authorities have status as experts.
Cultural Competence	Programs encouraged to reflect local cultural traditions; hiring staff from community increases sensitivity.	Language and cultural discontinuities are often sharp between community members and school staff.

	Child Care Centers	Family Child Care Homes
Service Mix	Full-day child care and education; some hold parent conferences or meetings; help with transportation and social services rare.	Full-day child care; informal one-to-one support for parents.
Partnership	Rivalries, poor communication, and limited time to talk hamper relationships. Many parents see care as a service for the child and do not want advice or support.	Familiarity and acquaintance promote partnerships; more time for conversation than available in centers; tensions may arise over fees and hours.
Empowerment	Parents hold power as consumers, rarely have decision-making roles	Parents and providers negotiate their business relationship one-on-one.
Cultural Competence	Diverse cultures often served; training usually does not prepare staff to respond sensitively.	Neighborhood focus can create natural cultural continuity; if differences do exist they may cause tension.

develop a *partnership* first with the parent involvement coordinator and then with the staff, as they attend parent activities, volunteer in the program, or join decision-making bodies. These last two are the primary vehicles the program uses to *empower* parents by enabling them to gain skills and exert influence within the program (U.S. Department of Health and Human Services, undated).

A 1987 study found that parents who participated extensively in Head Start were less depressed and had fewer psychological problems than those with low participation (Parker, Piotrkowski, & Peay, 1987). There is no way of knowing, however, whether the psychological differences led to differences in participation rates, or vice versa. There have been no systematic studies to support the strong belief held by many involved with Head Start that participation in the program increases the skills parents can bring to employment or other active roles in the community (Washington & Oyemade, 1987).

The performance standards governing Head Start's educational component emphasize that parents should be used as resources in the classroom whenever possible, and stipulate that the educational program should be *culturally relevant*. Local control over curriculum and program content allows Head Start programs to reflect the cultural traditions of the populations served. The program has maintained a commitment to recruit and train members of the community as program staff, and developed the Child Development Associate credential as a mechanism for recognizing the skills that those paraprofessional workers gained on the job (Trickett, 1979). Debate has persisted, however, over the appropriate balance that should be struck between the desire to employ community members in Head Start classrooms and the desire to assure program quality by requiring that teachers meet professional qualifications (Washington & Oyemade, 1987; Zigler & Muenchow, 1992). In 1992, 34 percent of the staff were former Head Start parents, greatly strengthening cultural continuity between the program and the community it serves (U.S. Dept. of Health and Human Services, 1993).

Public school programs

Basic facts: Since the mid-1980s, a growing number of states and localities have invested funds to provide preschool education through the public schools to children who are identified as "at risk" of school failure, usually due to poverty. Some of these programs are modeled on Head Start and mimic Head Start's comprehensive and family-oriented services. Others offer a narrower band of services focused on the goal of educating the young children who attend. Typically, public school prekindergartens target four-year-olds, and most operate on a part-day, school-year schedule. The staff who work in public school prekindergartens must meet school system credentialing requirements, and as a result most are better educated and more highly paid than other early childhood program workers. Most of these programs are supported by public funds; some programs do charge parents for before- and after-school child care, but they more closely resemble other child care programs than the public school–funded preschools (Mitchell, Seligson, & Marx, 1989).

Fit with family support principles: Relatively little is known about the extent of parent involvement in public school programs that have not adopted the Head Start model with its parent participation mandates. The Mitchell, et al., study cited above found that, while most public school prekindergarten programs hold parent-teacher conferences and many use parents as volunteers, fewer employ parents as aides in the classroom, offer a room for parents to use, or involve parents in program governance (*empowerment*). The mission of the schools is to teach children, and many teachers hesitate to broaden the *mix of services* they provide to include work with parents. Moreover, credentialed teachers are likely to view themselves and be viewed by parents as authority figures, reducing opportunities to develop *partnerships* (Olson, 1990). The fact that school-sponsored programs often focus narrowly on children's cognitive development further underscores the teaching expertise of the staff and

reduces the perception that parents have much to offer the programs.

The *cultural competence* of public school programs has also been called into question by some (Hale-Benson, 1989). A history of difficult relationships between families of color and public schools in many communities prompted the National Black Child Development Institute to prepare a publication titled *Safeguards: Guidelines for Establishing Programs for Four-Year-Olds in the Public Schools* (National Black Child Development Institute, 1987). The publication is designed to help African American parents ensure that the school-based programs in their communities are adequately funded and are developmentally and culturally appropriate for African American children. The relationships between recent immigrants and families who speak languages other than English and the schools are especially problematic. These families are hard-hit by the mismatch between school values and practices and those of their culture, because they are often unable to communicate with school staff or authorities (Mueller & Sherman, 1993).

One means of ensuring cultural sensitivity is to hire staff who represent the community and cultures served. However, as Kagan and Garcia (1991) point out, union and school board requirements concerning teacher qualifications make it difficult for public schools to hire preschool staff who come from communities that are economically disadvantaged and traditionally undereducated. The Head Start strategy of employing parents and paraprofessional community members therefore cannot be adopted by most school programs.

Child Care Centers

Basic facts: Child care in the United States is a diverse, fragmented, privatized service industry that is supported primarily by fees paid by parents. Child care centers serve children of all ages; about 40 percent of children enrolled in 1990 were younger than three or older than five, while the other 60 percent were preschoolers (Willer, Hofferth, Kisker, Divine-Hawkins, Farquhar, & Glantz, 1991). By comparison, only 10 percent of all 1992 Head Start enrollees were under three or over five (U.S. Department of Health and Human Services, 1993). Most centers offer care on a full-time basis and are open from 10 to 12 hours per day. Regulations governing the safety and adequacy of child care centers are set by states, and vary widely in their emphasis upon requiring high adult-to-child ratios and staff training—which are known to be associated with higher quality care for children (Phillips, Howes, & Whitebook, 1992). The presence of the key features examined below sharply differentiates typical child care programs from the publicly funded systems of Head Start and public school prekindergarten.

Privatization and economic pressures. Perhaps the most important characteristic of typical child care in the United States is that it is offered through an underfunded, private market. Between 81 and 95 percent of the budgets of child care centers come from parent fees, compared with only 17 percent of public school program budgets (Willer et al., 1991). Although the demand for child care is growing, the supply has more than kept pace, making the child care market a very competitive one. The number of centers in the U.S. more than doubled between 1979 and 1985 (Kagan, 1991), and it is estimated that more than half of the child care service providers operate on a for-profit basis (Neugebauer, 1989), although child care profit margins are often very low.

Some centers contract with public agencies to serve low-income children, but increasingly, public child care subsidies are taking the form of vouchers given to parents to use in arranging care with any legal child care provider (Kagan & Neville, 1993; Stoney & Greenberg, 1992). The shift from contracts to vouchers further emphasizes the "market economy" of child care, where forces of supply and demand govern program quality and cost. In the past, some low-income neighborhoods benefited from centers that could operate relatively high-quality programs using

the secure funding provided by contracts with public agencies. The contracting system enabled some of those programs to offer support services to parents (for example, transportation or the help of a social worker). Such enhancements are seldom available in programs that rely on parent fees and on subsidy voucher payments whose value is yoked to the low rates that centers charge parents.

Poor working conditions. The difficult economics of center operation directly impact the qualifications and working conditions for staff. The 1989 Child Care Staffing Study reported that centers invested over half their budgets in staff compensation, but still paid teachers an average wage of $5.70 per hour (Whitebook, Howes, & Phillips, 1989). Three-quarters of those poorly paid teachers had attended college, and 65 percent had completed coursework in early childhood education. Working conditions are challenging in most child care settings, contributing to stress among staff and rates of turnover that approach 40 percent each year. Staff turnover concerns parents who often pay a substantial percent of the family's income for child care, yet are not sure of the quality of the care their children receive. Families who earn less than $15,000 per year pay 23 percent of their incomes for child care, and for those earning up to $25,000 child care takes 12 percent of the family budget (Willer et al., 1991).

Tensions between caregivers and parents. The mission of child care programs is to protect and support the development of young children whose parents work or attend school, and parents relate to them primarily as consumers, not as clients or participants (Mitchell, Cooperstein, & Larner, 1992; Shimoni & Ferguson, 1992). Researchers who study child care centers have found tensions between parents and child care providers that reflect differing expectations of the relationship between them. Several researchers have found that center staff hold negative attitudes toward many of the parents who use their care. Some child care providers disapprove of parents who choose to work full time (Galinsky, 1990; Nelson, 1989; Powell & Bollin, 1992). Studies that probed staff descriptions of parents found that those described as "poor parents" tended to be divorced, and many had argued with the center over fees and policies relating to sick children (Kontos & Wells, 1986; Kontos & Dunn, 1989). The same studies found that parents communicated little with center staff—they viewed the center as a program for their children, not as a source of childrearing advice for themselves. Child care providers may withdraw when they feel their expertise is not sought or valued by parents (Galinsky, 1990; Kontos & Wells, 1986). Added to these tensions, the limited time available to staff and parents reduces communication between them to brief conversations at morning and afternoon transitions and occasional parent conferences (Endsley & Minish, 1990).

Cultural diversity. Child care centers are free to tailor their services to fit particular cultural groups, as long as they can attract a sufficient number of parents interested in placing their children in the specialized environment the center provides. However, to survive economically most centers enroll diverse populations, and relatively few employ staff whose backgrounds match those of children from less dominant language and ethnic groups. In 1993, California Tomorrow studied 450 child care centers in California and discovered that (1) more than 40 percent of the centers caring for African American children had no African American staff, (2) only 55 percent had any staff who could communicate with Spanish-speaking children enrolled in their program, and (3) less than one-third of the centers with children who spoke Asian languages had staff who could speak with them or their parents (Chang, 1993).

Fit with family support principles: Together, these factors (privatization, economic pressures, poor working conditions, tensions between caregivers and parents, and

cultural diversity) can create an environment in child care centers that is not conducive to family support endeavors. While some centers that receive public funds can add supports for parents to the *mix of services* they offer, most confine their efforts to the care and education of the children. When funding permits, programs may add workshops for parents, transportation, access to a social worker, or—in rare cases—health screenings.

Although the concept of a *partnership* with parents is seen as supporting the child development goals of many centers, the tensions between caregivers and parents can make it difficult to establish relationships that are satisfactory to both groups. Given the low wages in the child care field, many child care staff lack professional preparation, and parents may not view them as experts with special status. However, the relatively equal status of parents and staff does not necessarily create a comfortable sense of partnership, and can instead lead to rivalry and misunderstanding (Galinsky, 1988). Some parents hold positions of power as board members in nonprofit centers or as leaders of parent cooperatives (*empowerment*); in most they have only the power any consumer has—if they are dissatisfied, they can leave for another arrangement.

Child care programs are sometimes developed explicitly to support the cultural values and practices of particular cultural groups (*cultural competence*), and a number are described in the report mentioned above by California Tomorrow (Chang, 1993). However, as noted above, typical child care programs are quite diverse culturally. Although ethnicity and culture are associated with childrearing values and practices that are critically important to parents, most child care staff lack the training and support that might prepare them to deal sensitively with ethnic and cultural differences (Gonzalez-Mena, 1992, 1993).

Family child care homes

Basic facts: Child care offered in the home of the caregiver is a statistically significant segment of the child care delivery system, although it is often overlooked in discussing strategies for offering enriched or comprehensive services to children and families. In families with employed mothers, 22 percent of all children under three were in family child care homes, as were 17 percent of the children aged three and four (Willer et al., 1991). About another 10 percent were in the homes of relatives. Family child care is an especially important service for families who live in rural areas, who work non traditional hours, who need care on a part-time or fluctuating schedule, or who speak a language other than English (Siegel & Loman, 1991).

Almost by definition, family child care providers operate on a "for-profit" basis, deriving income directly from the hourly or weekly fees paid by parents. Many find it almost impossible to cover the costs of child care equipment and supplies while keeping a decent wage. A national survey estimated that regulated providers take in an average of $4.04 per hour—*including* business expenses. The many providers who are not regulated earn an average of only $1.25 per hour (Willer et al., 1991). Perhaps it is not surprising that turnover rates among providers are high. A California initiative that recruited and trained new providers found that one-third of the recruits had stopped offering child care after only two years (Lawrence, Brown, & Bellm, 1989).

Not only are family child care providers poorly compensated, they typically work in isolation from other child care professionals and from community support services. A recent national study of home-based caregivers found that 25 percent of the providers studied knew no other providers and more than half had no contact with organized groups of providers (Galinsky, Howes, Kontos, & Shinn, 1994). In some communities, child care resource and referral agencies (described below) maintain lists of providers who meet applicable regulatory standards, and give their names to parents who seek child care. A number of these agencies also offer training, toy lending, and other

forms of assistance to the providers on their referral lists, but funds for that work are frequently quite limited. Family child care associations are springing up in many areas, but reach only a small percent of active caregivers.

Fit with family support principles: Family child care providers can involve the parents they serve informally in the activities of the home and community, but they are seldom in a position to offer a *service mix* that includes anything beyond child care and casual social support (Kontos, 1992). Providers themselves are typically as poorly informed about social and health care services as are the parents they serve (Larner, 1994). The small size of the family child care home makes it impractical for individual providers to organize activities or links to comprehensive services, and family child care homes are often ignored by professional community service agencies.

In other ways, however, the family child care setting promotes a supportive, *partnership* with parents. One study found that family child care providers spent nearly an hour every week (54.7 minutes) talking with each parent, while center staff spent only 13.7 minutes with each parent (Hughes, 1985). Often providers and parents live in the same neighborhood. They may share values and acquaintances, and older providers frequently report they identify with the young parents they serve.

At times, however, those elements of closeness are counterbalanced by conflicts related to money or disagreements about care practices (Nelson, 1989; Powell & Bollin, 1992). Lacking the formal policies and institutional structure that a center has, the provider and parent must attempt to work out these disputes on their own (a form of *empowerment*). When they can, the partnership is strengthened; but when they fail, the child must change to another child care arrangement. Often providers and the small number of parents they serve share a language and culture, making *cultural competence* come naturally. When there is not a match between caregiver and parent, however, clashes over childrearing practices can be quite sharp (Nelson, 1989; Zinsser, 1992).

Child Care Resource and Referral Agencies

During the past 10 to 15 years, the early childhood landscape has been significantly changed by the development of community-based child care resource and referral agencies. Although these agencies do not operate programs or directly serve children, they work to improve the functioning of the local early childhood system by helping parents find child care or preschool arrangements, by giving support and information to child care providers in centers and home settings, and by gathering data on early childhood services that can guide local planners and policymakers (Hayes, Palmer, & Zaslow, 1990).

These resource and referral (R&R) agencies all provide a telephone referral service for parents seeking child care, which many embed in a broad array of supports intended to meet the needs of the community's early childhood professionals (Bellm, 1990; Kahn and Kamerman, 1987). The forerunners of today's resource and referral agencies were Community Child Care Coordinating Councils (4Cs) and day care councils begun in the 1970s with support from federal grants and local philanthropies like the United Way. During the 1980s, a growing number of employers began to pay resource and referral agencies to assist their employees who needed child care. Since 1990, many states have allocated public funds to make resource and referral services available to the community at large.

Because parents are their primary constituency, resource and referral agencies have the potential to play a pivotal role in encouraging early childhood programs to be sensitive and responsive to the needs and interests of whole families, not only of children. These agencies gather information on family preferences and help parents find programs that fit those preferences. Many provide training and technical assistance for early childhood programs on a variety of topics, which could include family support. And since they are not direct service providers, resource and referral agencies are somewhat immune to the marketplace pressures that often divide early childhood programs into competing camps. As umbrella organizations, they

frequently represent the early childhood system on community planning groups and in collaborative service networks (Hayes, Palmer, & Zaslow, 1990).

Parent Involvement in Typical Early Childhood Programs

As described above, early childhood programs vary widely not only in the ways they serve young children, but in the degree to which they try to involve parents. (See also the comprehensive review of relationships between parents and early childhood programs by Powell, 1989.) In explaining why parent involvement is stressed more in the U.S. than in many other countries, Cochran (1993) states that (1) since no national standards govern child care in the U.S., parents must make decisions about program quality on their own; (2) given the ethnic, cultural, and racial diversity of the U.S., parents cannot assume that caregivers will share their attitudes toward and expectations of children; and (3) some programs such as Head Start hold goals for community development and involve parents explicitly to help them gain skills as workers and citizens.

In the U.S. as in many other countries, however, the factors that promote parent involvement must compete with trends toward professionalism within the early childhood field that often—inadvertently, perhaps—reduce the influence and role of parents. For instance, when discussing relations between the home and the program, the professional guidelines published by the National Association for the Education of Young Children (NAEYC—the early childhood professional association) emphasize exchange of information between staff and parents, not active partnership or cooperation: "To achieve individually appropriate programs for young children, early childhood teachers must work in partnership with families and communicate regularly with children's parents," begins the section on relations between the home and the program (Bredekamp, 1987, p. 12). This section is the briefest of four—curriculum, adult-child interaction, and developmental evaluation of children are the others—that comprise *Developmentally Appropriate Practice*, a set of guidelines aimed at staff working in Head Start, child care centers, and family child care homes. No mention is made of efforts to use parents as resources within the program, nor of the importance of respecting and responding to cultural or family values and childrearing practices.

Many current discussions of professional preparation also underscore the expert status that early childhood professionals seek. In a recent article about the pros and cons of professionalization, NAEYC leaders addressing the serious problem of poor working conditions wrote, "We must lay to rest the all-too-common assumption that working with young children is something that anyone can do, something that requires no specialized skills or knowledge. This assumption is the root cause of the abysmal compensation that characterizes so much of the early childhood field" (Bredekamp & Willer, 1993, p. 84). Although the authors note that caution should accompany efforts to professionalize, particularly to avoid conflicts with parents, they do not offer any explanation of how early childhood staff can professionalize while respecting parents' abilities, instead merely stating: "We must ensure that in an attempt to build up our own worth we do not denigrate others, such as parents, whose role in early childhood development and education is critical" (p. 84). These comments suggest undercurrents of condescension and competition between early childhood staff and parents that will impede the development of family-supportive early childhood programs.

The tensions of competition are greatest in programs that focus on serving the child alone. When program goals are framed more broadly to include the child's family (or community, as in Head Start), efforts to engage and share power with parents rest on a firmer foundation. The Head Start performance standards for parent involvement include the exchange of information about the child, but go further to address the use of parents as resources within the program, strengthening of parents' own skills and

education, shared decision making about the program and each of its components, and efforts to link families to ongoing community resources that can assist them when they leave Head Start (U.S. Department of Health and Human Services, undated). When the program is designed to serve parents as well as children, it is also more likely that resources and staff time can be dedicated to working with parents, so time spent with adults does not come at the expense of the children.

Genuine parent involvement challenges early childhood programs to respond to cultural diversity, as the California Tomorrow report makes plain (Chang, 1993). In a pluralistic nation such as the U.S., childrearing values and practices are diverse. Families place immense importance on childrearing, and appropriate practice must embody respect for their language, values, and practices. The California Tomorrow report reveals how difficult that is to achieve in a society enriched by many cultures, races, and language groups. When child care center staff (themselves poorly paid and often untrained) do not speak the same language as the child's parents nor understand their values and priorities, it is easy for parents to feel they have lost control over their child's socialization—the very opposite of the goal of family support programs.

Embracing the family support principle that parents should be treated as partners is a critical first step early childhood programs must take to move toward family-centered care. Achieving that goal will require additional resources, personnel policies that ensure that the staff represents the community and families being served, and training that emphasizes the familial and cultural context of child development and builds skills in communication and cross-cultural cooperation. Significant steps can be taken by individual programs, but it is equally important to seek system-level solutions through the efforts of intermediary organizations like resource and referral agencies that directly serve both parents and early childhood programs.

Fortunately, new efforts to develop practices that embody these ideas can benefit from the experience of pioneers who have sought to create programs that serve, involve, and respect both parents and children. A number of those pioneering programs are described in chapter two.

Experiences Linking Family Support and Child Care

The rhetoric and principles of family support are relatively new, but efforts to link family-focused services to early childhood programs are not. They have been carefully documented and evaluated, and can inform future innovations. Reports on the first generation of these programs, launched during the 1970s, have long been available. Studies of the newer crop of two-generation programs that focus on supports which promote family self-sufficiency are under way, but findings are only beginning to be published. In addition, although they are rarely researched, there are modest efforts to engage parents in routine operations of Head Start and other early childhood programs and improve relationships between parents and the staffs of these programs. These efforts promise to yield important insights into the opportunities and barriers to making typical early childhood programs more supportive of the families they serve.

This chapter describes in detail four types of initiatives: (1) past research and demonstration programs that provided both family-focused and child-focused services, (2) current two-generation programs that treat both children and families as participants, (3) attempts to strengthen the work Head Start programs do with families, and (4) efforts to make typical child care programs more family-friendly. A brief summary of lessons learned through each set of initiatives follows the program descriptions, because past experiences offer current innovators a valuable and realistic context for considering strategies for moving forward.

Programs That Provide Family- and Child-Focused Services

As noted in the introduction, the demonstration early childhood interventions launched in the 1960s and 1970s were designed to influence the development of children, and those that included supports for families typically did so for child-focused reasons. For instance, an intervention that placed the child in a stimulating environment would be complemented by one that focused on the childrearing behavior of parents, in order to magnify and consolidate the gains made by the children. Thus, a number of demonstration early childhood programs launched in the 1970s added family-focused services, such as home visits and parent education classes, to the core developmental program for children. By supporting parents, offering them information about parenting, and helping them resolve problems in their daily lives, the programs sought to make the child's home environment more nurturing and conducive to learning.

Syracuse Family Development Program

Two programs begun in the early 1970s assembled comprehensive, intensive packages of services for children and parents in very low-income households. In Syracuse, New York, Ronald Lally and his colleagues at Syracuse University enrolled 108 families into what they called an "omnibus" program that offered children educational, nutritional, health and safety, and human service resources from the prenatal period until entrance into elementary school (Lally, Mangione, & Honig, 1988). The children were assured five years of continuous, free child care, provided at a university-based center. Children were bussed from across the city to the center for half-day sessions during infancy; then they attended the center on a full-day basis until they entered kindergarten.

This intensive, professional-quality child care experience was complemented by an equally developed home visiting program for parents. Weekly home visits were made to the parents by "child development trainers," paraprofessionals who were carefully trained to help the family cope with issues of childrearing, family relations, employment, and community functioning. The philosophy that guided the home visitors resembles the principles of today's family support approach: (1) family advocacy that is not judgmental; (2) an effort to support, not substitute for, the parents; (3) a focus on encouraging individual and cultural strengths in each family; and (4) a commitment to

treating parents as partners. Because the children were bussed to the center-based program, most communications between the parents and the center staff passed through the home visitors.

An evaluation conducted when the children were three years of age found that the intervention group performed better than a matched group of comparison children on the Stanford Binet IQ test and an observation of socioemotional functioning. By five years of age, however, the IQ difference had faded and the intervention children had begun acting negatively toward their teachers. The researchers returned when the children were in seventh and eighth grades and found just over half of the original sample. The follow-up study encompassed teacher ratings, parent interviews, and reviews of school and juvenile justice records. The study found that girls from the program group handled school more successfully than the comparison girls, receiving higher grades, attending more regularly, and receiving more positive teacher ratings. No such differences favored the program boys, however. The program's most newsworthy finding came in the area of juvenile delinquency: only 4 of the 65 program children whose court records were reviewed had been placed on probation, compared with 12 of the 54 comparison children (Lally et al., 1988).

To explain the program's effect on the children's prosocial orientation and motivation to achieve in school, the researchers point to the fact that the program parents were more likely than comparison parents to describe their children as prosocial, to take pride in family unity, and to advise young people to get ahead by learning, rather than by just "coasting" and avoiding trouble. Thus it appears that the discussions the parents had with the home visitors influenced their attitudes toward achievement in their children. However, the program parents were no more able than comparison parents to find work or stabilize their incomes. Although the program parents apparently were effective motivators of their children, the parenting focus of the home visiting component did not promote the overall development of the parents.

Yale Child Welfare Project

A project undertaken in New Haven offered a similarly intensive program experience to a much smaller group—17 poor women and their first-born children (later including a second child for one mother). From pregnancy until the child was 30 months of age, the program provided pediatric care; monthly home visits by a professional social worker, psychiatrist, or nurse; regular developmental exams for the child; and full-time child care offered by the program. The children attended the free child care program for periods ranging from two to 28 months, averaging 13 months of care. Each parent interacted regularly throughout the three-year program with a team of four professionals—pediatrician, home visitor, primary child care worker, and developmental examiner (Seitz & Provence, 1990).

A comparison group of 18 children was identified using the same criteria used to select the participant group. At 30 months of age, the program children were more advanced in language development than comparison children, but no other differences were found. Ten years later, however, the 18 program children scored higher on IQ and achievement tests and attended school more regularly than comparison children. The boys needed fewer special school services. The mothers from the program group were more likely than comparison mothers to seek information from their children's teachers, and to continue their own education. They had spaced subsequent births more widely than the comparison mothers, and more were self-supporting.

This is a very small sample on which to base conclusions on the long-range effects of such programs on parents' lives, but the two studies do suggest that combining children's participation in a high-quality child care program with supportive home visits for parents can encourage family members to focus on achievement and prosocial behavior.

Project CARE

One of several major demonstration projects launched by a research group at the University of North Carolina at Chapel Hill, Project CARE compared a program model that combined five years of educational child care and home visits for parents with one that offered the home visits only (Wasik, Ramey, Bryant, & Sparling, 1990). This research effort built on findings from an earlier intervention effort known as the Abecedarian project that showed IQ and school achievement scores of children from poor families who have attended full-day educational child care far outstrip their unserved peers' (Ramey & Campbell, 1991). Project CARE sought to test whether such a center-based program for children, combined with family education, would produce better results than a family-focused model that trained parents to serve as educators of their children but offered no direct services to children. In addition to these two categories, which are described below, a control group of 23 families received only developmental assessments. Families were randomly assigned to the three groups.

Family education program: Trained visitors with backgrounds in child care, social work, or nursing conducted bimonthly home visits that focused on children's learning and adults' problem-solving skills. The visits diminished in frequency and ended when the child was five years old. Parent meetings were held monthly. A group of 25 families received only the family education program.

Center-based children's services plus family education: Sixteen families received both family education and the opportunity for their children to attend a free university center staffed by trained professionals from infancy until they entered kindergarten.

The findings of the program evaluation showed that only the children who attended the educational child care program benefited from the program experience. The group whose families received only the family education home visits scored consistently below the center and control groups on intelligence tests from infancy until five years of age. Moreover, home observations showed that the groups did not differ in the stimulation and learning opportunities offered for children at home. Clearly, the five years of family education by the Project CARE home visitors did not persuade the parents to take a more active role promoting their children's development. The researchers concluded that a direct approach using experienced child care staff to educate the children is more effective than working through the parents to support children's learning.

Certainly, these findings contrast with the emphasis that the two previous research studies placed on the support their programs offered to parents. However, the Syracuse and the Yale Studies both compared families who experienced a program that combined family-focused and child-focused elements to a group who received no program. Project CARE was able to compare the effect of home visits alone with the effect of the combined program.

Brookline Early Education Project

Different levels of parent participation were also examined in reports on the Brookline Early Education Project (BEEP), an early childhood and parent education program offered to interested residents of Brookline, Massachusetts, in the late 1970s (Hauser-Cram, Pierson, Walker, & Tivnan, 1991). Families from all income levels participated in this program and were randomly assigned to one of three levels of parent education: none, home visits or meetings every six weeks, or monthly visits and unlimited contact with the staff. All participants were allowed to use the program's child-focused services, a play group for two-year-olds and a prekindergarten program for those who were three and four. All the children received regular medical and developmental examinations.

Home visits were seen as the core of the program, and

they were designed to give parents information about child development, to provide support related to the demanding role of the parent, and to facilitate a sense of community among the parents. BEEP adopted a family support approach, stressing openness and accessibility, a positive sense of childrearing, an approach to parenting that is not judgmental, alternatives rather than directives, direct and honest feedback, and an unpressured approach. The BEEP staff also found that they had to "sell" their program to the parents by proving they were knowledgeable, responding to the issues parents identified as important, and respecting the values and childrearing approaches embraced within the families. Project researchers interviewed parents at several points in the program to learn their assessment of it. After the first year, 92 percent of the 110 parents interviewed said they found the home visits helpful. During the toddler phase, 80 percent of the parents were satisfied with the weekly playgroups for the children, but fewer enjoyed the parent groups, which were poorly attended. When the children reached three to five years of age, three-fourths of the parents appreciated the daily prekindergarten program.

Several follow-up studies tracked the impacts of participation in BEEP on parents and children. One study compared contacts between parents and second-grader teachers for 66 of the BEEP children and 66 of their classmates. The BEEP parents were more likely than the comparison group to initiate contact with teachers, and they more often discussed the child's progress in school. A study of child outcomes compared 169 second-graders who attended the BEEP program with 169 of their classmates with respect to their use of time, approach to tasks, and interactions with others (Bronson, Pierson, & Tivnan, 1984). That study found that BEEP children performed better than comparison children in both social and task-related skills.

All the children enrolled in BEEP attended the child-focused educational programs, so it is it is only by comparing parents at different levels of participation that one can determine how much the family-focused services added to the impact of the intervention program. The last study described above showed that the children who benefited most from BEEP were those with mothers who lacked a college education and received intensive parent-oriented services. Children with college-educated mothers did well regardless of their BEEP experience, and those with less-educated mothers did not benefit from BEEP unless they received intensive home visits.

Lessons to be learned

As demonstration efforts, all four of these programs were well funded and focused sharply on delivering high-quality services to parents and children. Surveying the four programs, it is difficult to distill one conclusion about the benefit of jointly providing family support and early childhood services. The notion was embraced by all the program leaders, but the study that was best able to examine the independent contribution that family-focused services make to child outcomes (Project CARE) found the family education activities had no beneficial effect on children or families when offered alone. However, the BEEP experience suggests that family-focused services add to the impact of a modest educational program aimed at children, if they are sufficiently intense.

Several features limit the applicability of these findings to today's efforts to link family support and child care. The program models described here were intense, focused on a small number of families, and long-lasting (all four involved families from the child's infancy until three years of age; three continued until kindergarten entry). By contrast, many current intervention programs for children last only one year. Also, professionals were heavily involved in delivering the services to children and parents, maintaining a high level of "quality control" over the content of those services. And close involvement of the team ensured that the work with children and families was integrated—most program reports mention extensive team meetings to discuss the progress being made by parents and

children. A more common approach to providing comprehensive services in the 1990s is through case management and referral to services that are dispersed throughout the community.

Another difference between past demonstration programs and current efforts concerns the thrust of the family-focused component. The emphasis in these programs fell primarily on the parenting role, although parents also were helped to cope with difficulties and crises and to learn problem-solving skills. Given both the tenor of the times and the professional backgrounds of the home visitors (social workers, day care teachers, nurses), it is likely that the focus of work with parents fell more on family needs than family strengths, and more on educating and helping than on empowering or organizing. The tepid response of some parents to such a parent education approach was noted by the BEEP researchers. Parents explicitly requested that the home visitors not take the posture of childrearing experts: "At 9:00 in the morning, after I've been up all night with a screaming kid, I don't want to hear some graduate student talk about Piaget" (Hauser-Cram et al., 1991, p. 70).

There is little evidence that these programs invited the parents to influence the program's emphases or activities. The issue is mentioned in the BEEP report as a tension: "Upon occasion, respect for a family's sense of values and personal approach to child rearing ran counter to current knowledge about ways to support children's optimal development ... conflicts between two essential values of BEEP—imparting information about children's development and respecting each family's sense of values—were not easy on the staff" (Hauser-Cram et al., 1991, p. 79). The very fact that the issue was openly discussed in this project may reflect that many of the BEEP families were middle-class or well-to-do and accustomed to meeting with little or no resistance to their own decisions. Programs that target highly stressed, disadvantaged groups more easily fall into a paternalistic approach toward parents.

Current Two-Generation Programs

As noted in the introduction, the new interest in programs that combine services for parents and children is based on the hope that helping parents become self-sufficient while their children are preparing to succeed in school can put the family on a positive trajectory that will lead them out of poverty. These new programs break from the past in the way they conceptualize services for parents. Their primary focus is not on parent education as much as on services to lift the family from poverty—skill-building, treatment for mental health problems, and assistance moving into the labor force. In some cases, the attention paid to adult-oriented services even overshadows the importance of the child-oriented program components.

Another distinction between demonstration two-generation programs and the early intervention studies described above is that the current programs were conceived in a time of fiscal restraint. Funding for any one program is limited, and program planners are required to make maximum use of existing community services. As a result, case managers, cooperative agreements, and referral arrangements establish a web of services that can meet the needs of parents and children in the program—but those services are usually not designed, nor is their quality controlled, by the demonstration program itself. Thus, while two-generation programs may touch more and different aspects of family life than past programs did, they are likely to be less intensive, less integrated, and less philosophically coherent. Even knowing the extent to which the component services adhere to a family support approach is difficult.

Family Literacy Programs

Perhaps the clearest example of a two-generation program is the family literacy program that integrates a child development component (emphasizing reading skills for preschoolers) with educational services for the children's parents. Among the pioneering family literacy programs was the Kentucky Parent and Child Education

Program (PACE), which gave rise to the privately funded National Center for Family Literacy in Louisville. The National Center's model of family literacy has three core elements: early childhood education for the children, basic adult education for parents, and joint activities involving parents and children together. In 1989, the federal government adopted the idea of family literacy with the Even Start program, funded through the Department of Education. Even Start has grown from a $14.5 million investment in 76 programs to a state-run model that, in 1992, funneled 70 million federal dollars to 340 programs. Even Start shares the three-pronged approach of the National Center; its mandated core elements are called early childhood education services, adult education services, and parenting education services.

The first study on the Even Start programs was based on 123 programs begun during 1989 and 1990, and was recently published by the U.S. Department of Education (St. Pierre, Swartz, Murray, Deck, & Nickel, 1993). The study describes the core services provided by the Even Start programs: Early childhood services are usually provided at Head Start, public school pre-kindergarten programs, or community-based preschool programs. Adult education services include preparation for GED certification, basic education, secondary education, and instruction in English as a second language. Parenting education encompasses efforts to (1) stress the role parents play in teaching children, (2) provide information about child development and child behavior management, and (3) build parental self-esteem and life skills. A separate program requirement stipulates that some joint parent-child activities be offered, such as reading, story-telling, and arts and crafts, because this "impresses on parents that they are a key to their child's education and provides opportunities to learn and practice skills in working and playing with their children" (St. Pierre et al., 1993, p. 5-5)—but the report offers little information on the extent or frequency of these.

Even Start programs are required to establish cooperative arrangements with other agencies to avoid duplicating services: "This strategy allows optimal use of limited resources and allows projects to concentrate on providing new services to fill service gaps." (St. Pierre et al., 1993, p. 13-3). During 1991-1992, the average Even Start project engaged in 27 cooperative arrangements to provide core services. Even Start directly provided between one-third and one-half of the parent education classes, less than one-third of the early childhood education, and about one-third of the adult education services. The programs often cooperated with other agencies to offer core services; less often, they left the service entirely in the hands of another agency.

Two-generation programs typically recognize that support services are needed to allow families to participate in the demanding core programs, such as basic education. Even Start programs arranged for transportation, health care assistance, referrals for employment and counseling, and mental health services for families. Child care is also considered a support service, and it was offered by 86 percent of the Even Start programs. Even with these supports, most parents participated in Even Start activities for less time than anticipated: the typical adult attended adult education for eight hours per month and parenting education for 4.3 hours, while the typical child attended early childhood education for 13.5 hours per month (25 percent of the children were less than three years of age).

Two approaches were used to evaluate the impact of participation in Even Start on children and parents. Information gleaned from pre- and post-participation tests of all 9,690 participants in the 123 programs were compared with national norms. Also, in 10 programs, families were randomly assigned to a treatment or control group. Together, these evaluations showed that after one or two years of participation in the program, the Even Start children's scores on a school-readiness measure increased much more rapidly than other children's, but findings related to language ability were inconclusive. The parents in Even Start were more likely than comparison

parents to attain a GED and more likely to have reading materials at home, and they held higher expectations for their children's school success. The program did not affect parents' access to social support, psychological status, employment, or income level. The researchers argue that is to be expected, given the considerable distance many Even Start parents must cover before they can break into a difficult labor market.

The modest effects demonstrated in this evaluation suggest that the family literacy model works as anticipated, although it is probably necessary to achieve higher levels of participation by parents and children before program effects will be strong.

Comprehensive Child Development Programs

This national demonstration project to examine the effects of a comprehensive package of services on children and families living in poverty has been supported by the Administration for Children, Youth, and Families. Like Even Start, this model includes a strong developmental program for children (in Head Start or other early childhood programs), but it also offers a broad scope of services to families. The Comprehensive Child Development Programs (CCDP) enroll families during pregnancy or the first year of a child's life and follow them until the child enters school, treating all family members as participants in the program.

CCDP program activities fall into four major components: early childhood development that encompasses early intervention and child care, parent education and training focused on self-sufficiency, case management based on family needs assessments and family service plans, and access to health care. Case management and community-level advocacy are key program activities, since the programs are to pull together existing community and public resources for families rather than duplicate services. When service gaps are identified, the CCDP staff are to work with community agencies to facilitate the development of needed additional services. For instance, finding child care has been a significant dilemma for many sites, and nearly one-half of the grantees have found opening their own child care centers to be the best solution (U.S. Department of Health and Human Services, Administration on Children, Youth, and Families, 1994).

Among the elements that reflect the program's family support approach are: emphasis on improved transportation to enable families to reach services; a case management approach to help families secure needed assistance from local agencies; linkage of child development, adult training, and parent education to promote the growth of children and parents; and a mandated local advisory board that includes parents charged with overseeing the program's efforts to empower families (CSR, Inc., 1991, p. *viii*).

The 24 Comprehensive Child Development Programs that were funded by 1989 are participating in an evaluation that encompasses qualitative and quantitative approaches. The first findings from the rigorous impact evaluation, conducted by Abt Associates (U.S. Department of Health and Human Services, Administration on Children, Youth, and Families, 1994) show that, after two years of program operation, a large number of small but statistically significant differences had emerged between the group of more than 1,200 parents and children randomly assigned to the program sample and the control group of more than 1,500. These differences appeared in parent participation in self-sufficiency services, maternal health during subsequent pregnancies, episodes of child hospitalization, parents' attitudes toward parenting and expectations of their children, father involvement, and measures of child development at two years of age.

These findings are encouraging, though modest in size. The researchers are optimistic that such early signs that the program reduces risks during child development promise that stronger evidence of impacts will be found in the future. They note, however, that, "As a family support

program, CCDP relies heavily on intervention with parents to influence their children's early development, rather than on direct programmatic intervention with children between birth and age two" (p. 12-12). Moreover, the program turned to case managers and interagency networking to assure delivery of most services to family members, giving the program staff almost no control over the quality or supportiveness of the services themselves. These program features helped to keep the program cost under control (the average cost per family per year, excluding research expenses, was $8,243), but may have compromised the power of the program to achieve strong impacts.

Avance

A two-generation program that operates on a far smaller scale and is more closely affiliated with family support principles is the Avance Parent Child Education Program. At two program sites in San Antonio, Texas, low-income Hispanic families participated in a two-year series of program activities designed to increase their effectiveness as parents and develop educational and vocational skills to improve the family's economic prospects. The mother is the focus of the Avance intervention, and the program is designed to support her development as a parent and an individual. The Avance staff are drawn from the community (between 70 and 80 percent are past program participants), and the program's philosophy stresses that all parents should be treated with respect and dignity. The Avance program was evaluated during 1987 and 1988, and findings were published in 1991 (Johnson & Walker, 1991).

During the first nine-month program year, mothers of children under age two attend classes at Avance centers one morning a week to hear lectures on child development, nutrition, and community resources, and to join toy-making workshops. Monthly home visits, field trips, and other activities are also offered. During the second year, the mothers who choose to continue attend ESL classes and courses leading to GED, community college diplomas, and citizenship. Avance provides child care and offers transportation to and from the courses. At the time of the evaluation Avance viewed its child care component as a support that would enable mothers to attend classes, not as a cognitively stimulating environment for children. Children were expected to benefit over the long term from improvements in the family brought about by the mother's better educational and economic situation (Johnson & Walker, 1991, p. 74). Since then, the Avance staff have worked to improve the quality of the program for children.

The evaluation was conducted in two sites. Researchers assigned the mothers at one site to a treatment and control group. At the other, they identified a matched comparison group. A fairly high percentage of families dropped out of both the treatment and control groups. Entry information was collected on 486 families. After one year 361 families remained, and second-year data was collected on 313 families. The findings demonstrated that at the end of the first year, compared to non-participants, the homes of Avance participants had more stimulating toys and play materials, and the mothers were more responsive to their infants. The participants embraced less strict childrearing attitudes, showed more warm feelings toward their children, held more appropriate expectations for the children's development, and spoke more positively about their role as the children's teacher. Effects on the mothers' self-esteem were limited, and the program did not alleviate the high rates of depression found among the mothers. The program did influence the mothers' knowledge of community resources and use of social supports. At the end of the second year, nearly twice as many Avance participants as comparison women had enrolled in or completed GED or ESL courses.

Not surprisingly, given the fact that the child care offered to families was more custodial than developmental, the program had no impacts on the children's cognitive or social development. It only makes sense that program

effects appear on the outcomes that were most directly targeted by program services. In this case, it was the mothers' involvement with their young children and their enrollment in educational and vocational programs that were at the heart of the intervention—and positive effects appeared in those areas.

New Chance

A last major example of the current two-generation programs is New Chance, a demonstration program designed to alter the life trajectory of teenage mothers by equipping them with the educational and vocational skills they need to avoid poverty and leave welfare (Quint, Fink, & Rowser, 1991). Implemented at 16 sites across the country, New Chance enrolls welfare-dependent mothers aged 16 to 22 who lack a high school diploma or GED. The program's primary focus is on components that prepare the young women for self-sufficiency (education, employment-related services, support for health and personal development, and case management). In addition, sites offer parenting education, child care, and pediatric health care in order to enhance the development of the participants' children.

The aim of the New Chance demonstration is to combine these diverse services into an integrated package that engages the participant nearly full time, and is offered at a single site as much as possible. In practice, the integration between the parenting education component and child care is less extensive than might be imagined or desired. Although 12 of 16 sites offer on-site child care for participants, in only one case is the parenting education director also director of the child care center; in another case, a parenting instructor has worked with the child care staff to develop activities and observations for the parenting classes. Moreover, the quality of the child care is not closely monitored. Funds to pay for the child care have had to come primarily from existing public child care subsidies that target welfare recipients—which are seldom adequate to provide high-quality, developmental child care, even on-site. In the sites that lack on-site care, staff have helped the participants find child care or sent them to local child care resource and referral agencies. Many of the young mothers have infants, and one-fourth have turned to relatives for child care instead of using formal child care.

New Chance offers an excellent example of a program linking strong adult-oriented self-sufficiency services with more typical parent support activities (the parenting classes that include time for parent-child interaction together with the staff). But although New Chance's adult-focused services are clearly articulated and carefully sequenced, its child care component will not test the impact that high-quality investments in participants' children might have on the children's later development. As was the case with Avance, the leaders who developed the New Chance program approached child care primarily as a support service; the program did not include sufficient funds to treat child care as a key element of the program. Unlike Avance, which put parent education at the center of the program, the hub of New Chance was adult development.

Lessons to be Learned

The two-generation programs described here have redressed the imbalance built into past programs by tackling the needs of parents as individuals, not only as parents. Parent education is a theme in these programs as it was in the 1970s intervention programs, but now it is often attained through program components that directly build parents' skills and competencies in education and employment—increasing the likelihood that the family might one day cease to be poor.

Several important features of the family support approach are reflected in these two-generation programs. At the heart of most lies case management, which begins with a needs assessment that allows the parent to shape her or his own program experience. However, case managers in two-generation programs vary in their

openness to parent input; they can conduct their work in an authoritarian manner or in a way that supports family involvement and tailors the program to build family strengths. And the divergent paths parents take as they fulfill their individual plans may make integration across the program components very difficult to achieve, despite the efforts of case managers. Even parenting education and child care are seldom linked. As a result, the program elements may not reinforce each other nor provide synergy, and sometimes different elements compete for the attention and time of the parent.

Moreover, when the two-generational program's services are provided by existing community organizations, there is little opportunity for the program itself to influence the approach taken to working with the parents or children. In contrast with programs that adopt a philosophy toward families and their situations that explicitly reflects the family support principles of partnership, cultural competence, and empowerment, referral programs may convey messages to families that are as various as the service-providing agencies. The absence of a coherent underlying philosophy, as much as anything else, may account for the relatively weak influence that case management programs appear to have on participating families.

Strengthening Head Start's Supports for Families

The effort to bring together family support and early childhood approaches has permeated the Head Start program more than any other part of the established early childhood system. Yet, as chapter one pointed out, even Head Start has room for improvement. Given the changes in the life circumstances and needs of the families reached by today's Head Start program, federal officials are reviewing the adequacy and appropriateness of the program's parent involvement and social service components (U.S. Department of Health and Human Services, 1993, 1987).

A growing proportion of the families eligible for Head Start have full-time commitments to work or attend school, and many who live in troubled, poor communities face problems related to housing, substance abuse, and community violence. To address those concerns, programs have been urged to arrange full-day care, identify creative forms of parent involvement, and link parents with the educational, employment, and mental health services they need. Studying several innovative Head Start-linked programs suggests ways in which both the family assistance and parent involvement components of Head Start can be strengthened.

Family Service Centers

The Family Service Centers test the feasibility and impact of an effort to link the child-focused services of Head Start to community resources that address the pressing problems faced by many of the children's parents. Since 1990, the Head Start Bureau has funded 66 Head Start agencies to develop projects that (1) develop an approach and activities to combat problems of illiteracy, substance abuse, or unemployment; and (2) conduct needs assessments to identify family problems, use case management to link families to appropriate community services, and support the families as they work to resolve their problems.

Case managers are key to the Family Service Centers' work with families. Often called family advocates or family workers, these case managers are similar to Head Start social service coordinators, but have smaller caseloads that permit them to work more intensively with individual families. One small study of Family Service Center workers in West Virginia reported that they had more time than typical coordinators to interact with families and their close relationships with families made them more willing to challenge family members to improve their lives. With more time to broker services for families, they were also more successful collaborating with other agencies (Barr & Williams, 1993). Each Family Service Center project is being evaluated locally, and a national evaluation will

gather and report findings on a common set of variables. (The first report of that evaluation is not yet available at the time of this publication.)

Step-Up

This small demonstration project in Chicago involves a partnership between a welfare-to-work organization and a Head Start program to create a "two-generation Head Start self-sufficiency program" (Herr, Halpern, Woolley, & Majeske, 1993). The Step-Up program links the expectations of a job training program to the parent involvement component of a traditional Head Start program. Its innovative design capitalizes on the commitment many welfare-dependent women feel toward their children and the Head Start program that serves them. The program mobilizes the strengths and positive habits that those parents have developed as Head Start participants, and translates their achievements into terms recognized by agencies that move people from welfare to work.

Step-Up counselors, employees of an organization that offers case management and support to help welfare-dependent families become self-sufficient, work with the Head Start program's parent involvement coordinator to design and implement the program. Together they have restructured the Head Start program's parent involvement component to clarify expectations regarding parent involvement and to recognize and reward the parents who meet those expectations. Now parents can move through a sequence of volunteer opportunities—from observing, to unscheduled volunteering, to scheduled arrangements, to an "internship" with clear task assignments and a stipend. The aim is to ensure that Head Start volunteering is seen by all as an opportunity to develop the skills and confidence needed to eventually enter the world of work. At the same time, Step-Up recasts the Head Start parent involvement component—which many parents view as an obligation to assist in the program that benefits their children—as an attractive opportunity to achieve in an important adult role, and to gain recognition.

In addition, the Step-Up counselors and Head Start staff work together to identify parents who might be ready to enroll in education or job preparation activities outside the Head Start program, and instead of participating in Head Start they join welfare-to-work classes or search for employment. The program offers an in-house referral for those parents to appropriate job training and placement services. Close, ongoing cooperation between the welfare-to-work counselor and the Head Start staff helps individualize outreach to parents who are interested and ready to work toward self-sufficiency, and facilitates a gradual transition for those parents from the protected environment of Head Start into the intimidating world of work that lies beyond.

Lessons to be Learned

These two examples test different ways of strengthening the capacity of Head Start programs to significantly influence the lives of parents, not only their children. The Family Service Centers resemble the comprehensive programs described earlier, in that they add to the child-focused program a capacity to address parents' interests in succeeding as adults and heads of household in the challenging environments of poor communities. Family Service Centers intensify and broaden the basic Head Start mandate to provide social service assistance to families, adding staff so that the family advocate or case manager has a much smaller caseload than the typical social service coordinator's. In 1990, the typical Head Start social worker managed a caseload of 67 families and earned a salary of $14,758 per year (National Head Start Association, 1990). If Family Service Centers show success in helping Head Start families, their experience may justify the addition of resources for a functional social service component within Head Start—as was originally envisioned.

In a similar way, the Step-Up project may reinvigorate parent involvement in Head Start, showing how it can

contribute not just to the experiences of children, but to the lives of parents. Step-Up is adding only modest new resources to Head Start, but it could bring about lasting changes in the way that parent involvement is viewed within Head Start. Reconceptualizing parent involvement as a menu of opportunities for parents—not an obligation they owe in return for benefits to their children—and openly recognizing that parents who take part in parent involvement activities are demonstrating work-related behaviors, skills, and attitudes are two important steps that make Head Start more family-supportive. In a time when many parents who receive welfare would prefer to enter the labor force, this rethinking captures parents' interest in self-improvement, and puts that interest to work on behalf of the parent, the program, and the child.

Making Child Care Family-Friendly

As noted in chapter one, the image of child care providers serving as a modern "extended family" (Galinsky & Hooks, 1977) is an attractive one. Galinsky and Weissbourd (1992) describe a family-centered child care center as "a community center in which parents and teachers learn from one another and in which parents' adult needs are met through programs at the center as well as through linkages to community services" (p. 47).

Although many early childhood practitioners care about the families of the children they serve and aim to work in partnership with parents, constraints limit the capacity of child care programs to be truly supportive of families. Obstacles to implementing a family support approach in child care include financial pressures on programs, the long hours during which services to children must be provided and parent activities cannot be scheduled, high staff turnover and inability to attract qualified staff, narrowness and inadequacy of child care training, the lack of cultural diversity among program leaders and caregivers, and the extent to which child care has come to be defined as a service parents purchase rather than a support provided by the community.

Despite these obstacles, innovative approaches exist that can dramatically increase the ability of child care programs to engage parents in a supportive manner. Following are examples of efforts that have added parent-focused services to basic child care programs, included parents and community members in the governance and operation of programs, trained caregivers and parents in communication and cultural sensitivity, and helped parents and providers negotiate the relationships that bind them.

Parent Services Project

The Parent Services Project (PSP), developed in the early 1980s, uses the principles of family support to create a new vision of parent participation in child care programs. The Parent Services Project shifts the emphasis from didactic parent education workshops to informal social support—including recreational activities that engage entire families, adult-only activities, classes and workshops, respite care to give parents time away from the children, and parent support groups (Goetz, 1992). Activities are scheduled at times when parents are free and already at the center, and they include incentives (e.g., meals, activities for the children) to parent participation. Most decisions about activities are made by the parents themselves. The project requires funds to pay for a coordinator who maintains contact with the parents, facilitates their efforts, and makes the parent activities happen.

A longitudinal evaluation of the Parent Services Project carried out in the late 1980s compared parents who participated in the program in 20 California centers with parents in 15 comparison centers serving families with the same demographic characteristics (Stein and Haggard, 1988). All the centers in the study were funded through the California Department of Education to serve low-income working families, and they reached varied ethnic groups (Caucasian, African American, Spanish-speaking, and Asian). The researchers point out that the PSP

programs experienced budget cuts approaching 50 percent during the second phase of the study, weakening the extent to which the program was available to parents, and reducing staff time and resources for transportation, food, and activities. Participation rates initially ranged from 67 to 94 percent, but after the budget cuts they fell to between six and 56 percent, dropping most sharply at the centers that suffered the greatest budget cuts.

The Parent Services Project describes itself as a social support program, and the evaluation measured primarily the extent to which participating parents experienced support, stress, and symptoms of psychological difficulty. After 15 months in the program, 169 participants from the 20 sites were interviewed, and 56 of those were interviewed after a second 15-month period. The first interview showed participants had experienced fewer stressful life events and showed fewer signs of psychological stress than they had at the start of the program, while the comparison parents had experienced either no change or increases in stress. Results from the second follow-up, after a total of 30 months in the program, showed no improvement but no worsening for the participants, while the comparison parents were more stressed. No effort was made to examine childrearing attitudes or parent-child interactions, so it is hard to tell whether offering family activities in conjunction with child care augmented the program's benefits for families.

The Parent Services Project has been replicated in centers in Florida and in a family child care network sponsored by Save the Children's Child Care Support Center in Atlanta. Adapting the program successfully to a family child care context was challenging, since some providers were initially protective of their relationships with their parent-customers (Malavenda, R. 1993). Some of the PSP activities take place among the provider and the parents he or she serves, and at other times the parent coordinator brings together parents and providers from the entire family child care network. The examples of these efforts to adapt PSP to family child care networks are especially valuable, since family child care providers and the parents they serve are usually isolated from the supports and comprehensive services that enrich many center-based programs. Most providers work alone and unassisted, although they usually respond well to supports that take into account the special characteristics of the family child care relationship, as the PSP replication did.

Parent representation on staffs and governing boards

The likelihood that programs will support families' and communities' values increases when parents and community members are included among the workers and decision makers in child care programs. Many child care centers began in the 1970s as parent cooperatives organized (and sometimes staffed) by parents to serve children in the manner the parents saw fit (Galinsky & Hooks, 1977). Cooperatives are less prevalent now, but it is not uncommon for some parents to hold governing roles, especially in community-based non-profit centers run by boards. When parents hold decision-making power, they have the opportunity to make choices that will increase the family orientation of the program—within the limits of available resources.

For instance, the Carole Robertson Center for Learning in Chicago (described in Galinsky & Weissbourd, 1992) is a parent-controlled child care program that has expanded over a 20-year period to include a wide range of services and activities for parents, children, and community members, including programs on tenants' rights and taxes, programs for school-age children, and health screening events. The center is open from 6:00 a.m. until 8:00 p.m.

Another example is Hintil Kuu Ca, a cooperative of American Indian parents linked to an Oakland, California, child care center, who seek to support their children's development and share with them the values and traditions of the Native American community (Chang, 1993). Parents and grandparents in the cooperative regularly participated in the classrooms in the

early years. Parents still are key decision-makers at the center, but since it is now supported by public funds to serve the children of parents who work or attend school, it must work hard to find parents who have time to participate.

A third example of a community-run center comes from Boston, where a group of Latino parents approached a community development center and obtained help creating a bilingual child care center, Escuelita Agueybana (Stokely, 1990). Like the programs described above, the Escuelita and a sister center are now supported by a mix of public and private funds and are managed by a 17-member board that includes 12 parents. The centers strive to hire and train community residents to be child care workers, but have had difficulty finding bilingual individuals willing to work for the low wages that child care provides. Participating in center governance may offer parents the opportunity to shape curriculum and personnel decisions, but it does not modify the harsh economics of child care.

Training for Caregivers

If child care is to become more supportive of families, communities, and cultures, changes must be made in the training received by child care providers. Several groups have developed training components to increase the ability of child care teachers and providers to interact sensitively and effectively with parents of their own cultural background or of others.

From the Cooperative Extension arm of Cornell University's Department of Human Development and Family Studies comes "Parent-Caregiver Partnerships," a set of five workshops for parents and child care providers to promote communication between those groups (Dean, 1991, 1992). Designed for local communities to use, it should be overseen by an advisory group that broadly represents community groups who work with parents and caregivers. The workshops, led by one or more facilitators and attended by a mixed group of parents and caregivers, address the following topics: (1) partnerships between parents and caregivers, (2) listening well, (3) saying what you mean clearly and respectfully, (4) resolving conflicts and handling blame and criticism, and (5) influencing policy. Although the materials have not yet been widely used or evaluated, they do represent a valuable attempt to bring parents and caregivers together to address the tensions that too often divide them so that they can forge more positive relationships.

Several resources could help prepare caregivers to understand and work respectfully with families from different cultures than their own. *Multicultural Issues in Child Care* by Janet Gonzalez-Mena (1993) discusses the extent to which goals, values, expectations, and childrearing practices differ from culture to culture, and challenges caregivers to confront the degree to which they assume their own approach is "correct." In addition to describing culturally specific practices for handling infants and toddlers, the book suggests methods by which caregivers can learn about family preferences and negotiate compromises if professional and parental interests diverge.

Similar issues are addressed in the video series "Essential Connections: Ten Keys to Culturally Sensitive Child Care" (Program for Infant and Toddler Caregivers, 1990). Because the portability of videotapes permits "long-distance learning," this series has been especially valuable in training family child care providers. These materials are part of the growing library of resources on the anti-bias approach to curriculum and programming for children, which can form a foundation for training child care providers to be more culturally competent.

Intermediaries between Parents and Child Care Providers

Child care resource and referral agencies can play a valuable role supporting both parents and child care providers as they work together. These agencies help parents identify the best child care options for the family by informing them of child care providers whose services

meet their needs. Many also offer a wide range of supports to parents and to the child care community, such as toy lending libraries, resource rooms, telephone "warm" lines for advice on child development and child care, and support groups (for instance, see descriptions of BANANAS in Goetz, 1992).

Innovative resource and referral agencies branch out to design special programs to meet the needs of parents in their communities. In San Francisco's Chinatown, Wu Yee Resource and Referral holds play groups for parents who have limited command of English, facilitates a clothes closet for parents to exchange children's clothing, and helped organize a major conference held in Cantonese on parents' issues (Larner, 1994). In rural New York, the Steuben Child Care Project contracts with the county's social service department to design and operate the public child care subsidy system, so staff can ensure a friendly system for families and child care providers alike (Larner, 1994).

Resource and referral agencies are not the only organizations that can serve as parent-provider intermediaries. In New York City, community groups as diverse as churches, neighborhood organizations, and community colleges link interested parents to their networks of family child care providers, who receive training and ongoing support (Larner & Chaudry, 1993). The anchor of each network is a coordinator who recruits potential providers, helps them meet regulatory requirements, arranges training for them, and takes calls from parents who are looking for child care. If problems or misunderstandings arise between the parent and the provider, often the coordinator can mediate and help them resolve their differences. These networks' impartial support can be valuable to parents who are anxious about choosing among child care programs that they know little about; such networks can benefit all parents, not just those who enroll their children in family-centered programs.

Lessons to be learned

A common theme uniting all these efforts to increase the family support orientation of typical child care programs is that limited resources limit program options. The cost of paying a staff member to work with parents is significant and ongoing, yet employing an individual who is comfortable and effective not only with children but with adults and can give full attention to the parents' interests makes an immense difference in the program's effectiveness. The Parent Services Project relies on a paid coordinator to facilitate the many forms of parent activities and to maintain contact with parents. When funding cuts reduced coordinators' hours to part-time or forced their elimination, parent participation dropped dramatically. The effectiveness of the family child care networks in New York City was directly related to the amount of staff time and attention that could be devoted to parents. And programs' ability to hire staff from the community also is limited by harsh economics.

Another major obstacle limiting child care programs' ability to support and strengthen families relates to the training, skills, and philosophies of child care staff. Most training for child care professionals pays little attention to parents, because of the widespread belief that the educator or caregiver's role is to focus on the child, and does not include sharing responsibility and decision making with parents. Consequently, training programs do not stress the development of the skills needed to work with adults. The training programs described above can begin to fill that gap, but are only effective when built into curricula and course requirements for child care professionals—those who work in centers and in family child care homes. Moreover, an ongoing commitment to the principles of family support by directors and supervisors will be needed to encourage and help front-line practitioners to apply the family support lessons they learn during training and during their daily work with families.

Finally, it is important to find ways of helping parents manage their relationships with providers of all forms of child care. The U.S. has allowed and supported a pluralistic, private-market approach to child care, and has repeatedly rejected efforts to establish uniform standards, funding, and systems of services. As a result, parents seek and find child care in many forms. If creating "family-centered child care" is interpreted as merely adding parent-oriented services and sensitivity to selected child care programs that already embrace the goals of family support, then only a small proportion of the families who use child care will ever benefit. A wider audience can be reached if resource and referral agencies, family support programs, and community organizations conduct outreach to facilitate relationships between parents and all types of child care providers. Enlisting these organizations in such an effort could make a few skilled coordinators available to a great many parents and child care providers—to offer training and consultation for child care providers, ombudsman and mediation services to both providers and parents when conflicts arise, and practical help for parents who must plan child care transitions. Strategies such as this have the potential to infuse family support principles throughout the nation's huge, diverse, and fragmented child care system.

What It Takes to Link Family Support and Child Care

Combining family support and child care in ways that retain the power of both the family-centered and child-centered elements is no easy task. Two types of linkage have been described in this monograph—one in which services designed for families are joined to services for children, and another in which programs established to serve children engage families in supportive, respectful ways. As the experiences recounted here suggest, different challenges confront the two approaches. This book concludes by identifying key opportunities that we must seize and the difficulties we must surmount if the next generation of programs is to combine the strengths of the family support and early childhood fields.

Joint Provision of Family and Child Services

Both early research demonstrations and contemporary two-generation programs suggest several conclusions about the strategy of providing family-focused and child-focused services within the same program.

Program components for children and parents are most effective when they are carefully designed and sufficiently powerful to address the developmental needs of each group. Most parents targeted by the programs described here want and can benefit from not just parent education, but access to educational, vocational, and mental health supports that enable them to achieve personal goals. Children deserve not just custodial child care that keeps them safe and supervised while their parents are busy, but also experiences that support their cognitive, socioemotional, and physical development. Balanced, dual-focus programs that reflect the state of the art in each component area are costly, but each component strengthens the effectiveness of the other. Such comprehensive interventions may be the most efficient and appropriate way of serving the families and children who are at greatest risk of poor outcomes.

While program components targeting the individual needs of children and adults are important, so are family-focused experiences in which children and parents participate together, if the program is to support and influence processes that take place within the family. By bringing parents and children together in contexts that enable them to interact in new ways, programs can help family members integrate new skills, insights, and approaches into their patterns of interaction with one another. In many cases, programs are integrated administratively but the experiences they provide to family members are dispersed. This is particularly true of the case management programs described under the section on two-generation programs. When parents and children each attend separate activities tailored for them, the program is not treating the family as a unit, and may forfeit the opportunity to be family-oriented and family-owned.

A related conclusion emerges when we compare the two sets of comprehensive programs. Comprehensiveness was integrated into the early demonstration programs themselves, and planners designed all the services to fit the program's philosophy. But many current two-generation programs attain comprehensiveness through referrals to other agencies, giving program developers no control over the quality of services. Programs are only as family-supportive as their individual components. If component services treat family members in ways that do not communicate respect for their efforts, appreciation for their values and culture, and support for their family responsibilities, program participation is unlikely to have the positive effects expected of family support programs. Consensus on values and regular communication among staffs of the program components can help ensure that they neither work at cross-purposes nor give families contradictory messages.

Family-Supportive Early Childhood Programs

Helping mainstream, typical early childhood programs function in ways that are truly supportive of families is a

more difficult challenge, but it may be the most important one for us to meet. Well-funded programs with the resources to offer children and families a rich assortment of services are the exception, not the norm. Rather than investing our policy efforts to achieve such important but rare programs—which reach relatively few families—we must work to create and capitalize on opportunities to move typical child care or preschool programs in the direction of family-supportive practice. The innovative examples described above can guide us toward that goal in the following respect:

Having staff and resources to devote to interactions with parents gives programs the flexibility to "do it right." It takes time to organize avenues for parent participation, whether they include volunteering in the program, joint participation on decision-making bodies, educational workshops, social activities, parent-provider conferences, or simply telephone calls. Several of the programs described above (Head Start, Step-Up, and the Parent Services Project) have strong parent involvement components and all have coordinators whose job it is to work with parents. However, it is not easy to raise funds to cover the coordinator's salary in the difficult fiscal environment confronting most early childhood programs. But umbrella organizations such as resource and referral agencies or family support programs may be able to employ a coordinator to provide critical staff support to a number of small early childhood programs in a community that are attempting to add family support components.

Designers of parent involvement efforts in child-oriented programs must weigh the logistical demands that participation places on parents against parents' degree of motivation to participate. Programs in which staff and parents work full time face difficult scheduling problems, since parents are not available during the program day, and both parents and providers want to protect their private evening time. Creative planning to produce events that are minimally intrusive and maximally rewarding is likely to be worth the effort. For instance, didactic parent education sessions might be replaced by: one-on-one discussions between caregivers and parents; opportunities for parents to influence curriculum, personnel, and program policy decisions; social occasions involving whole families; or workshops that help parents gain real-world skills. Parents' reticence toward one form of involvement doesn't necessarily mean they would not welcome the chance to participate in other ways.

Carefully designing activities for parents is an important step toward family-supportive programming, but an even more critical element is attention to the characteristics, skills, and attitudes of the staff who interact with parents. As long as training focuses only on the child and the child's relations with the caregiver or teacher, the adults who work with families in early childhood programs cannot be expected to embrace a family-centered approach. Pre-service and ongoing training for caregivers and teachers must cover relationships with parents, appreciation of cultural differences, skills of communication and power-sharing with adults, and methods for resolving disagreements and conflicts with parents. Programs also must increase directors' and supervisors' capacity to support and guide their staff in implementing more family-supportive practices. Family support practitioners can contribute to such efforts by partnering with resource and referral agencies and other early childhood groups to develop appropriate training approaches.

Recruiting staff who resemble and identify with the families served is a crucial means of ensuring that early childhood programs are sensitive to both parents and cultures. Often such recruitment means hiring untrained community members and providing supportive supervision and in-service training to build their professional skills while they work in the program. Insofar as professional training is not easily accessible to members of many low-income and minority communities, the educational requirements and qualifications for staff positions must be carefully scrutinized, and, when possible, alternative

means of developing and demonstrating professional skill should be explored. The experiences of the Escuelita Agueybana and Hintil Kuu Ca also serve as reminders that adequate pay scales, access to basic benefits, and opportunities for advancement within early childhood or related fields are also critical if community members are to be attracted to staff roles. The effort to improve working conditions in early childhood programs is often seen as a narrow professional advocacy agenda, but these examples show how that agenda intersects with the interests of all advocates for families.

Finally, because none of these important steps will remove all the sources of tension that exist between parents and caregivers, mechanisms must be created to resolve conflicts when they arise. Intermediaries such as family support programs, resource and referral agencies, and other community groups could establish child care ombudsman services. They also could bring child care issues to the attention of consumer advocates and Better Business Bureaus, to make sure our nation's decentralized and diverse child care delivery system is accountable and responsive to parent-consumers. Knowledgeable, sensitive intermediaries are needed to impartially represent the perspectives of both parents and child care providers in order to facilitate understanding, communication, compromises, and alternatives. Such an effort by an impartial party also would show that the larger community shares parents' and providers' interest in the well-being of children.

The Charge for the Future

This book offers many options for ways to apply the principles (and some of the practices) of family support to early childhood programs. The work of both family support and early childhood leaders in the past decade has yielded a maturing understanding of what it means *programmatically* to work with children in the context of their families and communities. These positive developments coexist, however, with stubborn realities that remind us that reorienting the nation's early childhood programs to be family-supportive will be no easy task. Early childhood programs are poorly funded and thinly staffed, with a long history of focusing on children and a more recent interest in securing recognition for their professional expertise. These basic facts make early childhood programs a challenging context in which to expect family support principles to flourish.

The importance of moving toward family-centered practice is equally clear, however. The overwhelming majority of parents from all socioeconomic levels now share responsibility for rearing and educating their young children with child care and preschool programs, even though neither parents nor teachers and caregivers receive assistance in their efforts to understand each other and work together, rather than at cross-purposes. Family support programs and individual advocates for families can facilitate relationships between families and early childhood programs in many ways, and can encourage and guide efforts by early childhood professionals to apply family support principles within their programs.

A strong shared commitment to the well-being of children and families draws together parents and caregivers and unites the early childhood and family support fields. Finding ways to combine the resources, skills, and knowledge of the two fields will prepare both to take a giant step into the future to develop the programs children and families need now.

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